



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

**RECEIVED**

OCT 30 2018

NEW HAMPSHIRE  
DEPARTMENT OF STATE

P I. Name of Lobbyist(s) Sarah Mattson Dustin  
L  
E II. Name of lobbyist's partnership, firm or corporation, if any:  
A NH Women's Foundation  
S (Name of partnership, firm or corporation)  
E  
P III. Name of Client NH Women's Foundation Date 10/30/2018  
R  
I **Political Contributions:**  
N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Feltes Dan  
(Last Name) (First Name) (Middle Name/Initial)  
Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)  
Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)  
Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

(turn over to continue → )

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

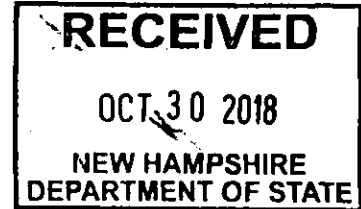
10/30/2018

(Date)

Sarah Mattson Duxin

(Print Name of lobbyist)

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*



Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: NH Women's Foundation

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): NH Women's Foundation

**Date of Report (check one):**

April 25, 2018 ☐

July 25, 2018 ☐

October 31, 2018 ☒

January 30, 2019 ☐

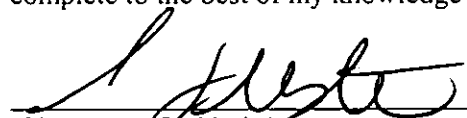
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

1 Addendum A(s).

       Addendum B(s).

2 Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

10/30/2018  
(Date)

Sarah Mattson Dustin  
(Print Name of lobbyist)